

경식도 초음파 유도에 의한 경정맥 생검을 통해 진단된 심장의 원발성 악성 림프종 1예

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A Case Report of Primary Cardiac Lymphoma : Diagnosis by Transvenous Biopsy under Transesophageal Echocardiographic Guidance

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ABSTRACT

Primary cardiac lymphomas diagnosed antemortem are extremely rare. We present a case of primary cardiac lymphoma diagnosed antemortem by transvenous biopsy under transesophageal echocardiographic guidance. The patient who was a 62 years old male presented with facial edema, dyspnea on exertion and syncope. The chest X-ray film showed double contour at right cardiac border and the ECG showed marked sinus bradycardia. Transesophageal echocardiography (TEE), chest computed tomography (CT) and magnetic resonance imaging (MRI) showed intracardiac tumor of right atrium, invading interatrial septum and inlets of superior and inferior vena cava and lateral wall of right atrium. Abdominopelvic CT and bone scan failed to show any extracardiac location. Transvenous biopsy confirmed the diagnosis of malignant lymphoma (diffuse large cell, B cell type). After chemotherapy was begun, the tumor markedly shrunk and symptoms resolved. Primary cardiac lymphoma is extremely rare and almost uniformly fatal, but this case showed that early diagnosis and intensive chemotherapy might contribute to a better prognosis for patients with malignant lymphoma of the heart. (**Korean Circulation J 1999;29(8):828-832**)

KEY WORDS : Primary cardiac lymphoma · Transesophageal echocardiography · Chemotherapy.

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서 론

0.0017 0.28%
 , 1/4
 (sarcoma)
 36%
 .¹⁾ , CT, MRI
 가
 가 .

증 례

: , 62 ,
 : ,
 : 1
 10
 : 3
 가 :
 : 130/80 mmHg,
 48 / , 22 / , 36.2

: 15.5 g/dl,
 46.0%, 5,600/mm³(53%,

28%, 8%, 10%, 1%),
 146,000/mm³ . total
 LDH 472 IU/L(103 212) LDH3, 4
 가₂ - MG 3.7 mg/dl(0 2.74)
 가 . BUN 24.5 mg/dl, creatinine 1.3
 mg/dl, AST 34 IU/L, ALT 35 IU/L, CK 49 IU/L,
 CK - MB 2.43 ng/ml .
 X- :

(Fig. 1).

: 45
 (Fig. 2).
 : 가

가 color
 Doppler color jet
 (Fig. 3A and B).

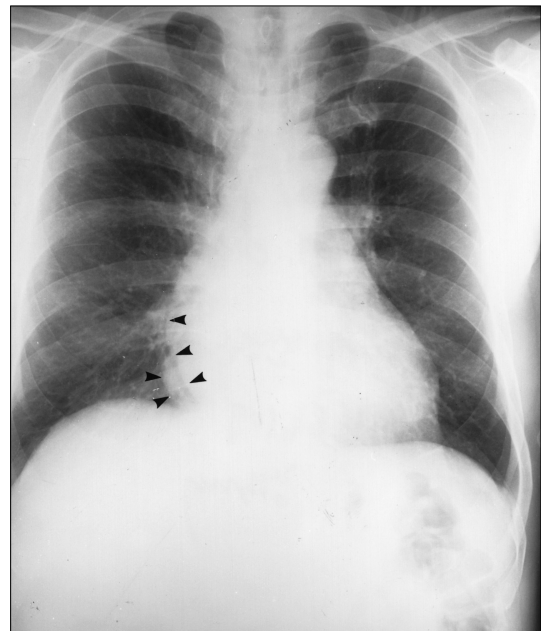


Fig. 1. Chest PA showed mild non-specific cardiomegaly and abnormal double contour of right lower cardiac border(black arrows).

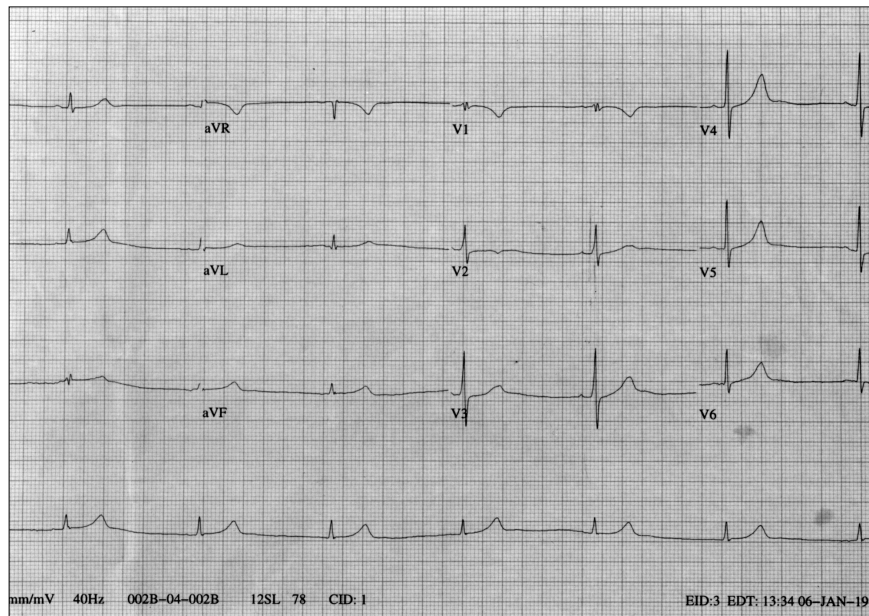


Fig. 2. ECG at admission showed marked sinus bradycardia (45 BPM).

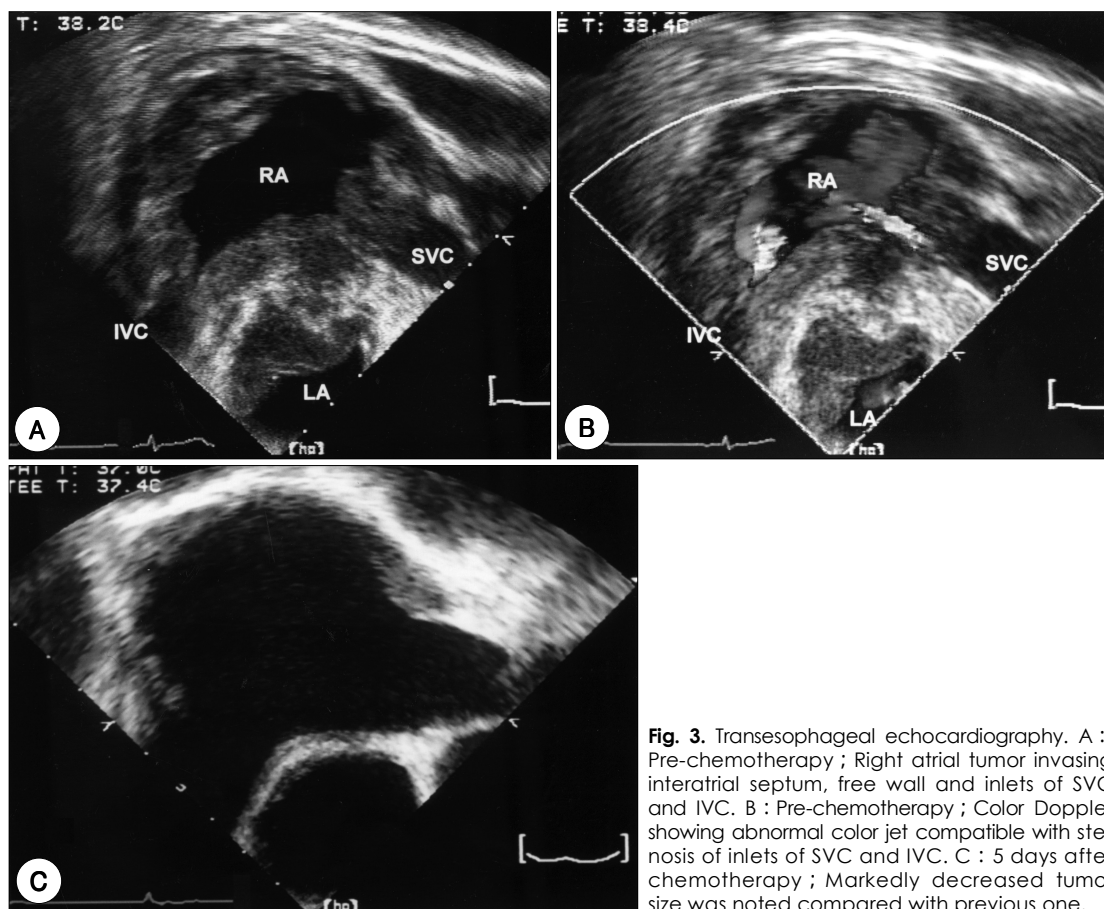


Fig. 3. Transesophageal echocardiography. A : Pre-chemotherapy ; Right atrial tumor invading interatrial septum, free wall and inlets of SVC and IVC. B : Pre-chemotherapy ; Color Doppler showing abnormal color jet compatible with stenosis of inlets of SVC and IVC. C : 5 days after chemotherapy ; Markedly decreased tumor size was noted compared with previous one.

가 : , , phosphamide 600 mg/m², adriamycin 40 mg/m² and vincristine 1.2 mg/m² on day 1, prednisolone 50 mg/m² for 10 days) 5

(Fig. 4A and B).

: (Fig. 3C), 가 ,

:

고 안

: 9%

(diffuse large cell, B - cell type) 20%

(Fig. 5A and B) CHOP regimen(cyclo - 가 2)

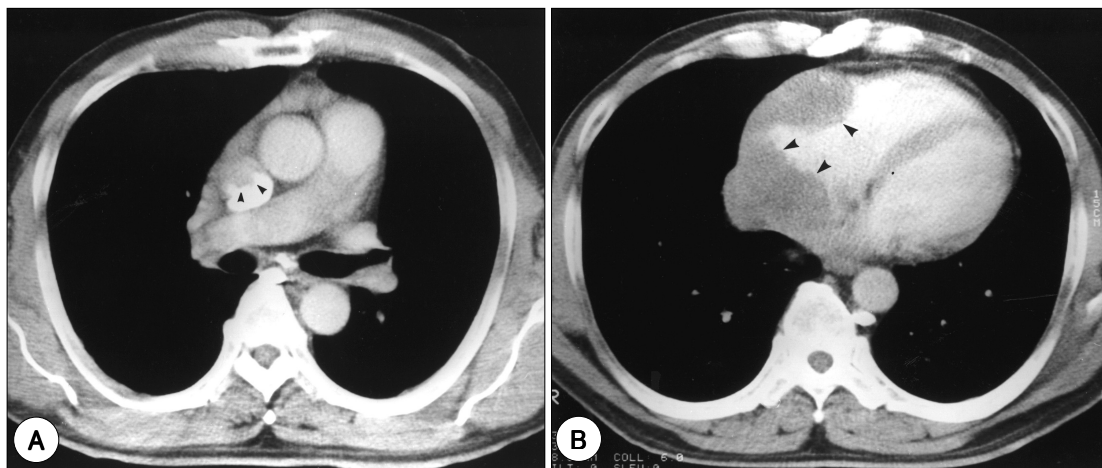


Fig. 4. Chest CT showed right atrial tumor invading right atrial free wall and interatrial septum (A) and extended into the lumen of SVC and IVC (B).

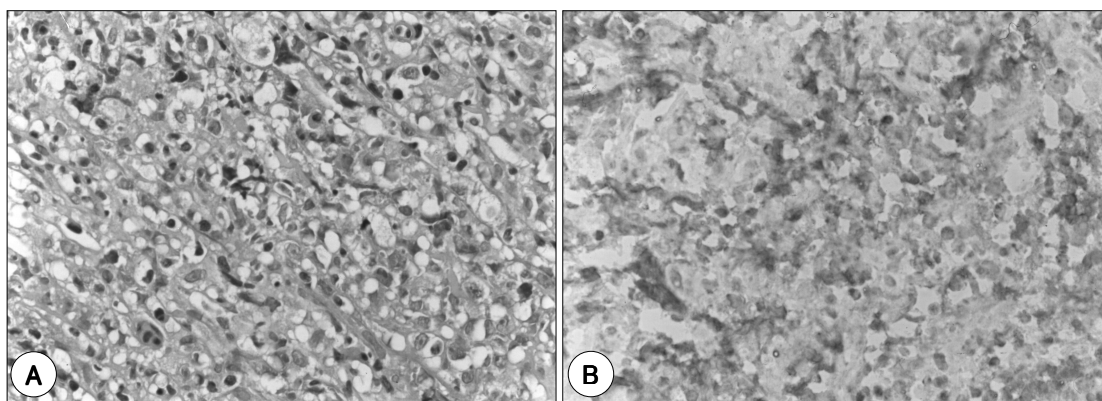


Fig. 5. Malignant lymphoma, diffuse large cell, B-cell type. A : On microscopic examination, the tumor is composed of large cells with vesicular convoluted nuclei, distinct nucleoli, and pale abundant cytoplasm (H & E stain, $\times 200$). B : The tumor cells show positive reactivity on immunohistochemical stain for L-26 which is B-cell marker.

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40
HIV 가 가

요 약

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중심 단어 :

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Ebstein ,
, carcinoid
1)
4)
sulcus terminalis
, fluroscopy 5)6)
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